

110TH CONGRESS
2D SESSION

S. 3064

To establish a multi-faceted approach to improve access and eliminate disparities in oral health care.

IN THE SENATE OF THE UNITED STATES

MAY 22, 2008

Mr. CARDIN (for himself and Ms. COLLINS) introduced the following bill;
which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To establish a multi-faceted approach to improve access and eliminate disparities in oral health care.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Oral Health Initiative
5 Act of 2008”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) The first-ever Surgeon General’s report on
9 oral health, released in May 2000, identified a “si-
10 lent epidemic” of dental and oral diseases that bur-

1 dens some population groups, and calls for a na-
2 tional partnership to provide opportunities for indi-
3 viduals, communities, and the health professions to
4 work together to maintain and improve the nation's
5 oral health.

6 (2) The Government Accountability Office has
7 determined that dental disease is a chronic problem
8 among many low-income and other vulnerable popu-
9 lations.

10 (3) The National Institutes of Health 2001
11 Consensus Development Conference on Diagnosis
12 and Management of Dental Caries Throughout Life
13 found that dental decay is the most common chronic
14 childhood disease among children in the United
15 States.

16 (4) Research in the American Journal of Pre-
17 ventive Medicine determined that dental disease af-
18 fects 1 in 5 children aged 2 to 4, half of those aged
19 6 to 8, and nearly three-fifths of 15 year olds.

20 (5) "Oral Health in America: A Report of the
21 Surgeon General" published in April 2002 found
22 that tooth decay is 5 times more common than asth-
23 ma among school age children.

24 (6) In 2005, the Centers for Disease Control
25 and Prevention estimated that 43 percent of black

1 children have untreated tooth decay in permanent
2 teeth, and that children living in poverty suffer twice
3 as much tooth decay as middle and upper income
4 children.

5 (7) The American Academy of Pediatric Den-
6 tistry has reported that 80 percent of all dental
7 problems are found in 25 percent of children, pri-
8 marily those from lower-income families.

9 (8) Researchers have determined that preven-
10 tive dental interventions, including early and routine
11 preventive care, fluoridation, and sealants are cost
12 effective in reducing disease and associated expendi-
13 tures.

14 (9) A broad array of programs exists, totaling
15 more than \$45,000,000 annually, excluding National
16 Institutes of Health research of \$300,000,000 a year
17 and Medicaid and SCHIP funding of
18 \$4,700,000,000 a year, within several agencies of
19 the Department of Health and Human Services to
20 address oral health needs, yet serious access prob-
21 lems remain for underserved populations.

22 (10) The 110th Congress has recognized the
23 importance of dental care by adding a guaranteed
24 dental benefit to the Children's Health Insurance
25 Program Reauthorization Act of 2007.

1 (11) The Senate Budget Resolution for fiscal
2 year 2009 supports funding for improved access to
3 oral health care in the United States.

4 **SEC. 3. PURPOSE.**

5 It is the purpose of this Act to establish a multi-fac-
6 eted approach to improve access and eliminate disparities
7 in oral health care.

8 **SEC. 4. ORAL HEALTH WORKING GROUP.**

9 (a) ESTABLISHMENT.—Not later than 60 days after
10 the effective date of this Act, the Secretary of Health and
11 Human Services (referred to in this Act as the “Sec-
12 retary”) shall establish within the Office of the Secretary
13 an Oral Health Working Group (referred to in this Act
14 as the “Group”) to review the effectiveness of, and rec-
15 ommend improvements to, existing Federal oral health
16 programs, and develop programs to improve the oral
17 health of, and prevent dental disease in, children, Med-
18 icaid-eligible adults, medically-compromised adults, and
19 other vulnerable populations who are among those Ameri-
20 cans at highest risk of dental disease.

21 (b) COMPOSITION.—The Group shall be composed of
22 a representative from each of the following:

23 (1) The Agency for Healthcare Research and
24 Quality.

25 (2) The Bureau of Primary Health Care.

1 (3) The Bureau of Health Professions.

2 (4) The Centers for Disease Control and Pre-
3 vention.

4 (5) The Centers for Medicare & Medicaid Serv-
5 ices.

6 (6) The HIV–AIDS Bureau.

7 (7) The Indian Health Service.

8 (8) The Maternal and Child Health Bureau.

9 (9) The National Institute of Dental and
10 Craniofacial Research.

11 (10) The Office of Minority Health and Health
12 Disparities.

13 (11) The Office of Disability.

14 (12) The Office of Head Start.

15 (13) Any other offices or divisions as deter-
16 mined appropriate by the Secretary.

17 (c) DUTIES.—The group shall—

18 (1) review existing oral health programs and
19 policies within the Department of Health and
20 Human Services, including—

21 (A) oral health provider training programs;

22 (B) the availability of access to oral health
23 care under such programs (such as community
24 health center access);

1 (C) oral health disease tracking trends;
2 and

3 (D) oral health research programs;

4 (2) identify duplicative or overlapping oral
5 health programs;

6 (3) identify opportunities for new oral health
7 programs;

8 (4) make recommendations for the improved co-
9 ordination of oral health programs;

10 (5) make recommendations on spending for oral
11 health care programs in each of the agencies of the
12 Department of Health and Human Services;

13 (6) evaluate the adequacy of Federal support
14 for State oral health programs;

15 (7) make recommendations for improvements to
16 the financing of oral health care;

17 (8) make recommendations for monitoring and
18 evaluating the quality of dental care financed with
19 Federal funds;

20 (9) identify efforts to cost-effectively prevent
21 and manage dental disease in low-income and high-
22 risk populations; and

23 (10) carry out any other activities determined
24 appropriate by the Secretary.

25 (d) ADVISORY PANEL.—

1 (1) ESTABLISHMENT.—The Secretary shall es-
2 tablish an advisory panel to provide advice and rec-
3 ommendations to the Group in carrying out sub-
4 section (d).

5 (2) COMPOSITION.—The advisory panel shall be
6 composed of an appropriate number of individuals to
7 be appointed by the Secretary, and shall include—

8 (A) a dentist;

9 (B) a pediatric dentist;

10 (C) a dental educator;

11 (D) a State Medicaid or State Children’s
12 Health Insurance Program dental director;

13 (E) a dentist who serves as a State dental
14 director;

15 (F) a dentist who practices in a federally
16 qualified health center;

17 (G) an allied dental practitioner;

18 (H) a dental insurer; and

19 (I) any other entity determined appro-
20 priate by the Secretary.

21 (3) REQUIREMENTS.—In making appointments
22 to the advisory panel under paragraph (2), the Sec-
23 retary shall ensure—

1 (A) a broad geographic representation of
2 members and a balance between urban and
3 rural members;

4 (B) that members are appointed based on
5 their competence, interest, and knowledge of
6 the mission of dentistry; and

7 (C) an adequate representation of minori-
8 ties.

9 (4) TERMS.—A member of the advisory panel
10 shall be appointed for a term of 2 years.

11 (5) VACANCIES.—A vacancy on the advisory
12 panel shall be filled in the manner in which the
13 original appointment was made and shall be subject
14 to any conditions which applied with respect to the
15 original appointment. An individual appointed to fill
16 a vacancy shall be appointed for the unexpired term
17 of the member being replaced.

18 (6) MEETINGS.—The advisory panel shall meet
19 not less than 2 times each year. Such meetings shall
20 be held jointly with other meetings related to the
21 oral health initiative under this Act when appro-
22 priate.

23 (7) COMPENSATION.—Each member of the ad-
24 visory panel shall be compensated at a rate equal to
25 the daily equivalent of the annual rate of basic pay

1 prescribed for level IV of the Executive Schedule
2 under section 5315 of title 5, United States Code,
3 for each day (including travel time) during which
4 such member is engaged in the performance of the
5 duties of the panel.

6 (8) EXPENSES.—Members of the advisory panel
7 shall be allowed travel expenses, including per diem
8 in lieu of subsistence, at rates authorized for em-
9 ployees of agencies under subchapter I of chapter 57
10 of title 5, United States Code, while away from their
11 homes or regular places of business in the perform-
12 ance of services for the panel.

13 (9) PACA.—The Federal Advisory Committee
14 Act shall apply to the advisory panel under this sub-
15 section only to the extent that the provisions of such
16 Act do not conflict with the requirements of this
17 subsection.

18 (e) REPORTS.—Not later than December 31, 2010,
19 and each December 31 thereafter, the Group shall submit
20 to the Secretary and the appropriate committees of Con-
21 gress, a report concerning the findings and recommenda-
22 tions of the Group under subsection (c).

23 (f) AUTHORIZATION OF APPROPRIATIONS.—There is
24 authorized to be appropriated, such sums as may be nec-
25 essary in each fiscal year to carry out this Act.

1 **SEC. 5. EFFECTIVE DATE.**

2 This Act shall take effect on February 1, 2009.

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